

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000095835

Entity Name: ROZALYN H. PASCHAL, M.D., INC.

FILED
Jun 16, 2009
Secretary of State

Current Principal Place of Business:

1744 NORTHWEST 192ND STREET
MIAMI, FL 33056

New Principal Place of Business:

Current Mailing Address:

1744 NORTHWEST 192ND STREET
MIAMI, FL 33056

New Mailing Address:

FEI Number: 65-1047078

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PASCHUAL, FLETCHER A
1744 NORTHWEST 192ND STREET
MIAMI, FL 33056 US

Name and Address of New Registered Agent:

PASCHAL, FLETCHER A
1744 NORTHWEST 192ND STREET
MIAMI, FL 33056 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: FLETCHER PASCHAL

06/16/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PASCHAL, ROZALYN H
Address: 1744 NORTHWEST 192ND STREET
City-St-Zip: MIAMI, FL 33056

Title: TS () Delete
Name: PASCHAL, FLETCHER A III
Address: 1744 NORTHWEST 192ND STREET
City-St-Zip: MIAMI, FL 33056

Title: D () Delete
Name: PASCHAL, FLETCHER A IV
Address: 1744 NORTHWEST 192ND STREET
City-St-Zip: MIAMI, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: PASCHAL, ROZALYN H
Address: 1744 NORTHWEST 192ND STREET
City-St-Zip: MIAMI, FL 33056

Title: OPM (X) Change () Addition
Name: PASCHAL, FLETCHER A III
Address: 1744 NORTHWEST 192ND STREET
City-St-Zip: MIAMI, FL 33056

Title: OM (X) Change () Addition
Name: PASCHAL, FLETCHER A IV
Address: 1744 NORTHWEST 192ND STREET
City-St-Zip: MIAMI, FL 33056

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROZALYN H. PASCHAL MD

PSTD

06/16/2009

Electronic Signature of Signing Officer or Director

Date